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MN021301. Hospital Corpsman Killed Near Qandahar
AFGHANISTAN - HMC Matthew Joseph Bourgeois, 35, a SEAL based in Virginia, was killed during a training exercise near Qahdahar last night, Pentagon officials announced today.
Bourgeois was deployed to Afghanistan in support of Operation Enduring Freedom and was killed after apparently stepping on enemy ground emplaced munitions.
A 14-year Navy veteran, Bourgeois is survived by his wife and 7-month old son.
Another SEAL, whose name was not released, also received non-life-threatening injuries.
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MN021302. Dental Technicians Celebrate 54 Years of Service
By Aveline V. Allen, Bureau of Medicine and Surgery
Dental technicians world-wide will mark 54 years of health and naval service on April 2.
The rating was initiated on Dec. 12, 1947; however, it did not become formally established until April 2, 1948 at which time dental technicians were authorized to wear the rating badge.
In a naval message sent world-wide, Navy Surgeon General VADM Michael L. Cowan, MC, praised dental technicians for their accomplishments this past year and for the legacy they have forged.
"Your initiative, creativity and hard work were instrumental to Navy dentistry, exceeding established goals of operational dental readiness and ever increasing level of dental health our patients so richly deserve," said Cowan.
According to DTC (SW/AW) Frank J. Hallinan, executive assistant to Navy Medicine's Force Master Chief, operational dental readiness is at one of its highest levels.
"Through diligence and hard work, the dental team has achieved 95 percent Operational Dental Readiness," Hallinan said.

Two recent innovations have helped dental technicians optimize their skills to improve Fleet dental readiness. They are the implementation of the expanded functions course offered at National Naval Dental Center Bethesda, Md., which offers in-depth training to allow dental officers and technician to work multiple chairs and increase productivity, and the dental hygiene program. Eleven DTs have graduated from the dental hygiene program and will be assigned to ships to support the Fleet.

Today, 3,428 active duty and 567 Reserve personnel serve on shore-based facilities, aboard ships, and in the field with the Marines, supporting dental health of Sailors and Marines and their families.

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MN021303. Navy Doc Blasts Off On Shuttle Mission Next Week

By Brian Badura, Bureau of Medicine and Surgery

KENNEDY SPACE CENTER, Fla.- CAPT Lee Morin, MC, is heading for the stars.

The Navy flight surgeon will be a mission specialist aboard the shuttle orbiter Atlantis, scheduled for take off next week (April 4).

During the eleven-day mission, Morin will serve as crew medical officer, perform medical research, and participate in the on-going construction of the International Space Station.

In addition to tending to any medical needs that might arise, Morin's research will include developing and evaluating exercise equipment that will help astronauts stay fit during extended periods in space. He'll also tackle other space health problems.

"One great challenge in rendering medical treatment in space is how the patient is restrained in a microgravity environment," said Morin. "To administer CPR (cardiopulmonary resuscitation), you basically stand on the ceiling and push down against the patient's chest."

As a space station construction worker, Morin will make two space walks to install struts, cables and other parts to the structure. This is part of the third and last phase of the space station's construction.

Morin was commissioned in the Navy in 1982 and worked in aviation and undersea medicine until 1996 when NASA selected him as an astronaut candidate. This mission, designated STS-110, is his first.

"I think that most people in naval aviation would see the astronaut program as a dream job," Morin said. "I applied to go for the gusto."

In addition to Morin, the shuttle Atlantis will carry computer software that the Navy doctor personally developed. Computer programming is just part of his innovative skills.

"Lee is an absolute genius and can build just about anything," said Duane Ross, NASA's manager of the astronaut selection office.

With his flight drawing near, Morin has put aside everything but the mission.

"Once you get assigned, you set aside pretty much all of your hobbies and interests to get ready," he said.

He has, however, set his sights beyond the immediate on one future endeavor.

"We'll worry about first things first, but I hope that I get a chance to go again," he said.

To learn more about STS-110, visit spaceflight.nasa.gov.

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MN021304. Laser May Be Career-Saver for Some Sailors and Marines

CAMP LEJEUNE, N.C. - Naval Hospital Camp Lejeune's new medical hair removing laser may be a career-saver for some Sailors and Marines.

The laser recently installed at the hospital can treat

Pseudo-Folliculitis Barbae (PFB), a facial skin inflammation caused by hair in-growth. It is most often found in men with thick curly hair.

The most common treatment for severe PFB is to let beard hair grow out to a length that it doesn't curl back into the skin. However, because of grooming uniformity requirements and safety and health concerns for Sailors and Marines in some jobs, beards and military service are incompatible. Many Sailors and Marines with severe PFB that could only be managed by growing a beard were administratively discharged because of it.

But thanks to the Marines at Camp Lejeune, the hospital now has a state-of-the-art Lyra hair removal laser system, the first and only FDA-approved laser to treat PFB in both light- and dark-skinned patients.

"This is the first time green dollars (Marine Corps funding) were used to purchase medical equipment (at the hospital)," said CDR James M. Polo, MC, dermatology department head. "The Commanding General realized the benefit this laser would have on the morale and welfare of his Marines and made the funds available to purchase the laser system."

The treatment usually takes about 90 minutes. A topical anesthesia is used to limit discomfort. Within 48 hours, the treated hair begins to fall out. It will eventually grow back, but slowly, giving the inflamed bumps caused by in-grown hair time to heal. The hair texture will also be finer and straighter, making in-growth less likely.

According to Polo, Sailors and Marines need not worry that they'll never be able to grow a beard again. The hair texture may be different, but the majority of the hair and follicle in the treated areas are intact.

A more conservative treatment that includes creams and special razors is available for Sailors and Marines who have mild recurring cases of PFB. Laser treatment is used only for more severe cases.

"So far we have successfully treated 40 patients," said Polo.

The laser costs about \$75,000.

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MN021305. DT, HM E-9 Quotas For FY03 Advancements Announced
From Chief of Naval Personnel Public Affairs

WASHINGTON, DC - Senior chief dental technicians and hospital corpsmen will have about a one in eight chance of adding a star to their anchor for Fiscal Year 2003.

Up to three dental technicians may be selected for DTCM, and up to 28 HMCM may be chosen this selection board. Navy-wide, 552 seniors chiefs in all specialties may be selected for master chief.

The board is currently in session at Navy Personnel Command in Millington, Tenn.

The advancement rate is slightly lower than last year's, but for good reason.

"The surge in patriotism following the Sept. 11 attacks has meant more master chiefs have decided to remain on active duty serving in the Navy," said VADM Norb Ryan Jr., chief of naval personnel. "Though this will have a slight impact on advancement rates this year, overall we have been able to sustain Admiral Clark's commitment to continued growth of our 'top six,' which will help E-4 through E-8 advancements."

"Top six" refers to the chief of naval operation's effort to increase the number of Sailors filling the top six enlisted paygrades.

"The law and funding drive quotas," said CDR Caridad Vicente, Navy advancement planner for the chief of naval personnel. According to Vicente, the quotas are computed based on each community's end-strength and advancement opportunity. Ultimately, it's the chief of naval personnel who approves the quotas.

Advancement opportunities are much better than in FY 98, when promotion

to master chief was about one in ten Navy-wide.

The complete list of quotas for the FY03 Master Chief Petty Officer Selection Board can be viewed on the Navy Personnel Command Web site at www.persnet.navy.mil.

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MN021306. Jacksonville E-Mails New Babies to Fathers, Family Members
By Loren Barnes, Naval Hospital Jacksonville

JACKSONVILLE, Fla. - New babies are being sent around the world, thanks to Naval Hospital Jacksonville's E-mail Baby Program.

Over the last year, the program has allowed hundreds of Sailors and Navy family members to share the excitement of a newborn baby via pictures. This unique program, initiated by HM2 Michael S. Morgan in April 2001, makes it possible for deployed service members and far away family members to receive digital photographs of newborn infants via e-mail, usually within an hour or two of the delivery.

Morgan said the program is very popular. He recalled one new mother whose husband was deployed and who had no family on hand for the birth.

"She cried as she filled out the documentation that accompanies the e-mail," Morgan said. "She said that being able to share the moment with her loved ones meant so much to her."

Morgan said he understands how families feel - he was away on deployment during the birth of his child.

"Being able to bring family members together for such a moment is a joy," he said.

Before Sept. 11, some hospitals posted pictures of newborns on their websites. Security concerns for Sailors and Marines and their families now prohibits posting family member photos on Navy websites. The more secure baby e-mail program allows family members to share pictures safely.

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MN021307. Guam Naval Hospital Helps Remote Islands Residents
By Susan M. Koerner, Naval Forces Marianas

GUAM - U.S. Naval Hospital Guam lent a helping hand to residents of the remote Pacific islands of Yap and Palau recently by providing medical teams and donations in the wake of a devastating typhoon.

Typhoon Mitag missed Guam, but Yap was hit hard by the storm. Many were left homeless and in need of basic necessities, including clothing and healthcare. With help from the 1st Marine Air Wing, medical professionals and donations were delivered to the island.

LT Greg Norris, MC; LCDR Sean Sullivan, MC; LCDR Marjorie Canby, MC; HM1 Tony Middleton; and HM2 Mikel Coats were just some of the hospital medical staff who provided healthcare and consultations at the main Yap hospital.

"It was a rewarding experience, and certainly adds insight into the medical care issues that small islands face," said Norris.

Along with medical supplies, the team brought donated towels, blankets, cooking supplies, and other domestic goods to assist islanders who lost their homes in the storm.

A second team traveled to Palau to provide dental care and basic medical education. HM1 Michael Haggerty of the Civic Action Team 133-23 coordinated the visit.

LT Rachael Myaing-Misfeldt, DC, and DT2 Joanne Allison examined more than 50 patients, providing oral health education about the dangers of smoking and betelnut chewing.

"Parents of the pediatrics patients were (also) educated on baby bottle decay, which is a big issue there," said Allison.

LT Jimi Doty, NC, and HM1 Bartholomew Rodriquez also provided basic life support instructor training to the local health community. Eight islanders became instructors and 37 others were trained as providers.

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MN021308. Medical Reservists To Aid West African Nations

By LTJG Christina Skacan, West African Medical Outreach Program

Reservists from Naval Reserve Fleet Hospitals Dallas and Minneapolis leave for Ghana and Togo next month to provide healthcare and learn about life in these West African nations.

Under the command of CAPT David Maserang, MC, some 110 Naval Reservists assigned to the West African Medical Outreach Program will travel village to village, opening day-long health clinics and training Ghanaian and Togolese medical personnel.

"Our mission is to upgrade some existing military facilities and to provide vaccinations, well baby checks, dental care, visual care, and medical and surgical consultations," said Maserang. "Additionally, we'll do training in disaster management for local medical and emergency personnel."

The West African Medical Outreach Program was originally planned to be the humanitarian part of the November 2001 West African Training Cruise. Sept. 11's events forced postponement of the medical portion of the cruise. Now, after almost two years of planning, WA-MOP will take place but with a new approach. It will be entirely lead by Naval Reservists.

Maserang traveled to West Africa twice, working with Naval Forces Europe, the State Department and other agencies to find locations that could support WAMOP's logistical needs yet provide opportunities to treat and train as many people as possible.

"In addition to medical assistance, the missions would focus on collaboration," said Maserang. He said that the mission was a great opportunity to show American interest in the health of children world-wide and to enhance relations between the U.S. and African nations.

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MN021309. Bethesda's Last Cardio Class Finishes With First

By HM1(FMF) Ken Sibly and LT Rene Pachuta, MSC, Naval School of Health Sciences Bethesda, Md.

BETHESDA, Md. - The last cardiovascular technician "C" school class to be taught at Naval School of Health Sciences Bethesda finished this week with a first - all nine of the students graduated with honors.

"This is the first class in the school's history in which the entire class achieved such high academic scores," said CDR Fran Smith, MSC, the school's management and specialty department head.

The year-long "C" school provides hospital corpsmen with specialized training in cardiovascular medicine, including noninvasive cardiology, invasive cardiology and critical care support.

The honor graduates, all HM2s, are: Joshua Prince, Claudia Cardoza-Patino, Kerri Erikson, Joseph Kiszka, John Fulling, Dennis Vrem, Fiona Strasserking, Andrew Kremer, and Roger Holt.

The CVT school will now be taught at the Naval School of Health Sciences San Diego, which convened its first class in July 2001.

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MN021310. This Month In Navy Medicine History

April 2, 1827 - Construction of the first naval hospital in Portsmouth, Va. began.

April 2, 1948 - The Dental technician (DT) specialty rating was established.

April 2, 1948 - The rating specialty of "pharmacist mate" was changed to "hospital corpsmen."

April 6, 1993 - Branch Navy Hospital Adak, Alaska, responds to crash of civilian Chinese airline providing lifesaving treatment and medical evacuation of 89 injured passengers. Only one passenger out of 265 passengers died.

April 7, 1945 - The first two Navy flight nurses, ENS Jane Kendeigh and LTJG Ann Purvis landed on the active battlefield of Iwo Jima.

April 19, 1944 - The first woman in the Navy Medical Corps, Hulda Thelander, received a direct commission as a Lieutenant Commander. She was assigned to headquarters, U.S. Marine Corps, Department of the Pacific, San Francisco.

- Provided by the Office of the Historian, Bureau of Medicine and Surgery

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MN021311. HealthWatch: Some Babies Are Listeners, Others Need Help
By Debbie Pfeffer and LT Jim Davis, MSC, U. S. Naval Hospital, Yokosuka, Japan

Every day, 33 babies are born in the United States with permanent hearing loss. It is the most frequently occurring birth defect.

Early hearing loss detection is essential if babies are to acquire the fundamental language, social and cognitive skills that provide the foundation for later schooling and success in society. Fortunately, with early identification and intervention, hearing impaired children can have more success in school and more career options as adults.

U.S. Naval Hospital Yokosuka and other Navy hospitals conduct routine hearing screen on all newborns, usually while mother and baby are still in the hospital. The screening takes only a matter of minutes while the baby is resting or sleeping in a quiet room. While the screening doesn't guarantee it will catch all hearing problems, it does confirm hearing good enough to support normal speech and language development.

If screenings show there may be a hearing problem, an audiologist will thoroughly evaluate the baby with a battery of tests. Additional referrals may be made to other health care providers.

How can you know if your baby hears normally? If your child fails to learn to talk when expected, a hearing loss is possible. But even before learning to talk, there are certain things they should do to indicate he or she hears sounds. Here are some hearing milestones according to the American Academy of Audiology:

Around Two Months of Age

- Startles to loud sound
- Quiets to familiar voices
- Makes vowel sounds like "ohh" and "ahh"

Around Four Months of Age

- Looks for sound sources
- Starts babbling
- Uses a variety of voice sounds, squeals and chuckles

Around Six Months of Age

- Turns head toward loud sound
- Begins to imitate speech sound
- Babbles ("baba, "mama" "gaga")

Around Nine Months of Age

- Imitates speech sounds of others
- Understands "no-no" or "bye-bye"
- Turns head towards soft sounds

Around 12 Months of Age

- Correctly uses "ma-ma" or "da-da"
- Gives toy when asked
- Responds to singing or music
- Readily turns toward all sounds

If you have concerns about your child's hearing, talk to your pediatrician. Often, ear infections or ear canals that are blocked by either earwax or a foreign object cause a hearing loss. In this case the hearing loss may only be temporary, but can affect his or her speech.

For more information on hearing, hearing loss, and speech and language development, visit the American Academy of Audiology website, www.audiology.org/consumer, or the American Speech-Language-Hearing Association website, www.asha.org/index.cfm.

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